



## Hualapai Nation Assistance Application

P.O Box 179 Peach Springs, AZ 86434

Phone: (928) 769-2216

Fax: (928) 769-2343

e-mail address [FCrozier2@hualapai-nsn.gov](mailto:FCrozier2@hualapai-nsn.gov)/

[weaster@hualapai-nsn.gov](mailto:weaster@hualapai-nsn.gov); [ssiyuja@hualapai-nsn.gov](mailto:ssiyuja@hualapai-nsn.gov)

Name of Applicant (Last, First, Middle)

Maiden (If applicable)

Mailing Address, City, State, Zip Code

Physical Address, City, State, Zip Code

Home Phone #

Work Phone #

Cell/Message Phone #

Enrollment Number

Type of Assistance you are requesting:

☐ Utilities

☐ -Clothing

☐ -Emergency Food Assistance

☐ -Computer

☐ -Dental/Braces

☐ -Emergency Rental Assistance

☐ -Eyeglasses/Contacts

☐ -Medical Assistance

☐ -Elderly Utility Assistance

☐ - General Welfare Elderly Assistance

☐ -Handicap/Disabled Utility Assistance

List everyone that lives with you	M/F	Relationship to you	Date of Birth	Social Security Number	Enrollment Number

Please list the individuals in need of assistance

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For General Welfare Assistance please list the items or services requested to ensure healthy living conditions/Comments:

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Applicant Signature

Date